

Past, Present & Hopeful Future

Presented 24th July 2010 by the
Hypnotherapy Council of Australia
Working Group 2010

The Aim – No Frills

- # Where we have come from
- # Remind you of previous discussions
- # Many people have been involved

We've Come A Long Way

Meetings:

- Sydney 16th April 2007
- Brisbane 25th July 2007
- Melbourne 26th October 2007

Where did we start?

What has been happening?

What have we achieved?

What next?

Sydney: 16th April 2007 - A Glimmer of Hope

- # 1st Meeting of the profession – Sydney
 - 22 Attendees and 13 apologies
- # Topics
 - Self Regulation
 - Inclusions / Exclusions
 - HCA would be:
 - The HCA would do.....
 - Proposed Future Direction
 - Proposed Structure

Sydney: 16th April 2007

Discussed Inclusions

- # Hypnotherapy/Hypnosis
- # NLP Applied to therapy, PSH,
- # Trance with relationship in a therapeutic context
- # Parts Therapy
- # Meditation
- # Psychotherapy/Counselling
- # Ego State Therapy
- # Stage Hypnotist if they also do therapy and belong to an association

Discussed Exclusions

- Stage Hypnotist that are purely entertainers
- People who do not use ethical standards
- Individual members

Sydney: 16th April 2007

HCA would be:

- Both Proactive & Reactive
- Promote as the Peak Hypnotherapy Body
- Consult with
 - Government and Health Funds
 - Insurance Companies and Industry
- Media representation
- Responsible for
 - Deregulation Listing and Administration
- Able to set standards with consultation
- Accredit
 - Schools and Associations
- Protect the profession from unreasonable regulation
- Responsive to Complaints

Sydney: 16th April 2007

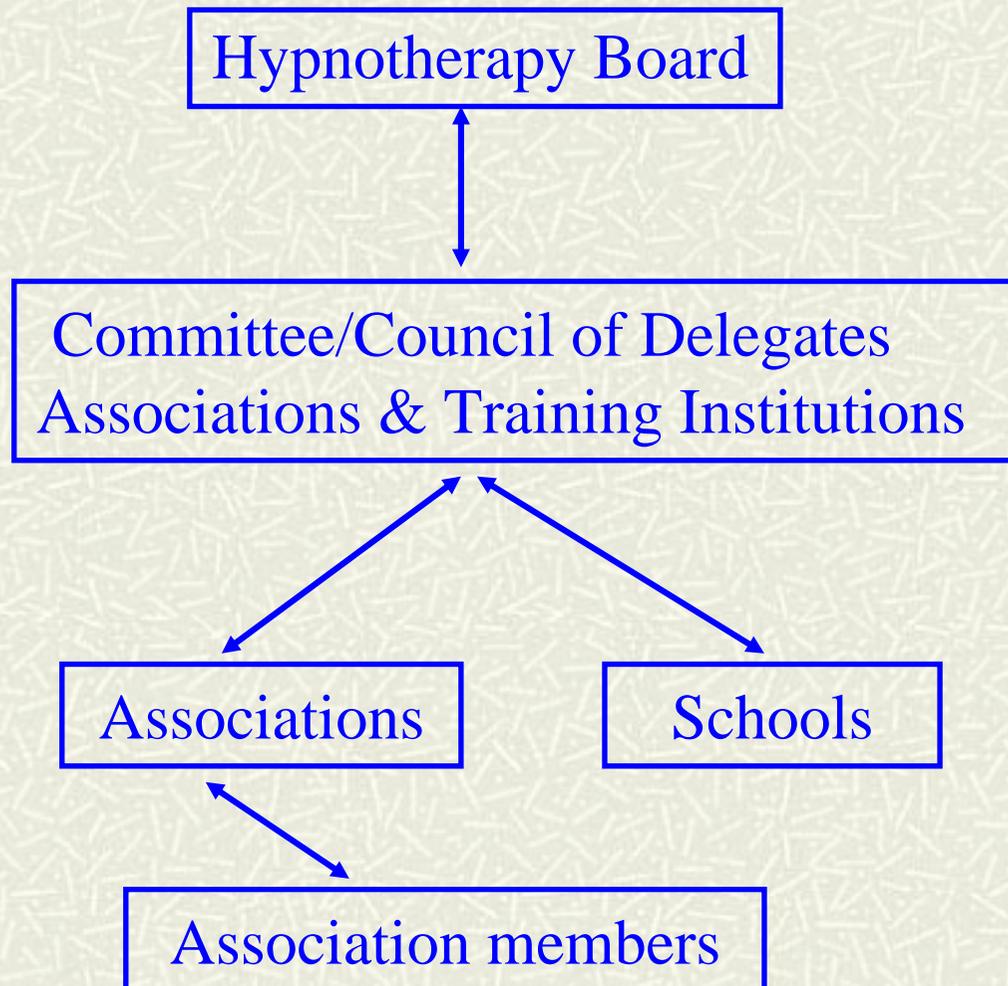
- A Council to:
 - Set standards
 - Promote hypnosis
 - Lobby media
 - Blacklist of unethical practitioners
 - Voice for the Profession
 - Handle Legal Issues
 - Conduct Research

Sydney: 16th April 2007

▣ Proposed Future Direction:

- Include other Associations
- Set up a Constitution
- Code of Ethics
- Complaints Procedure
- Funding

Sydney: 16th April 2007



The Hypnotherapy Umbrella Association to consist of Associations and Training Institutions rather than Individuals.

Associations and Training Institutions to agree to a certain standard.

Brisbane: 25th July 07 – The Glimmer Grows

Brisbane: 25th July 07 – The Glimmer Grows

#Main Points of Discussion:

- Whether we vote to stay with an established association or get a new one.
- Can we work with what is, or start anew?
- Whether use a:
 - Federal Model (starting from the top), or
 - State Model (beginning with State Peak Groups), was the better option.

Discussion Points

- # Discussion on this subject revealed opinions that:
 - There are merits in both.
 - Some delegates had a preference for one or another.
 - There is a need not to rush in pre-emptively, and maybe a framework could be modified.
 - The opinion was given that the Federal Model could perhaps embrace the State Model.
 - Peak bodies in states are a problem, too cumbersome.
 - State bodies could come together in 6 months if necessary.
 - State bodies could be called *chapters* not *peak bodies*.
 - There could be a national peak body with two representatives from each state.
 - Each state is different with different regulations.
 - There could be a national body to set goals, mission statements, etc., and then go to the states.
 - There should be a national register of hypnotherapists.

Further Discussion Points

Further discussion:

- Who is at the top?
- There is a need for action now.
 - Could a co-operative State body be a starting place?
 - Could we work this on a state by state basis, working cohesively on a national basis?
- At the request of hypnosis groups, both PACFA and ACA have been contacted prior to the meeting, and say they are willing to be supportive.
 - PACFA and ACA are into the medical model and are not holistic enough for us, leaving no room for negotiation.
- We need an independent, self regulating body for hypnotherapy.
- We need to work together
- Timing is important as there is a lot happening regarding legislation etc.,
- We need to be a cohesive national group.

Chairman

- **'Do we want to develop a national group for hypnosis?'**
 - Unanimously agreed

Margaret Tomko presented

- # Handout:
- # desired outcomes from the meeting so that agreement could be reached and action commenced.
- # After discussion on finances, and the high cost of setting up a peak group, there was general agreement that using an established peak body model would be the best course of action.
- # CCH was suggested as the most viable option, as they had spent 4 years, much money and energy to set up a federal peak group.
- # The chairman asked for a show of hands for agreement to go with the CCH model as it was already formed for this purpose.

Discussion of the CCH model

How flexible was CCH model

- CCH taking individual members was a problem.
- Alan Stubenrauch and Joane Goulding stated
 - CCH was offering a viable model
 - Open to debate - not disincluding the HAQ model.
- CCH formed as “aspiring to be a peak body representing individuals, associations and schools”.
 - Did not want to be a threat to established associations.
- CCH wants to supports this new group without letting down members.
- Members of the committee:
 - Will stand down to make way for new Federation members
 - Some retention of members of the executive.
 - CCH - AGM proposed requirement.
 - Individual members be given 12 mths to join an assoc or form their own assoc.
- It was agreed that all other associations would work with CCH in the development of the draft model.

Chairman proposed

- **That we agree that the 'CCH' model be used as the Draft Document to develop the Umbrella Group for Hypnotherapists.**
 - Majority agreement to this proposal (27).

Finalisation of Brisbane Meeting

- # Next meeting - Melbourne 27th and 28th October.
 - CCH will be the hosts for the next meeting.
- # The Chairman asked for:
 - All interested organisations represented at this meeting
 - Participate in the formulation of Draft Proposals
 - Contact CCH accordingly.
 - This document is to
 - Be circulated prior to the next meeting.
 - Organisations to think about a name. (circulate ideas).
 - Consideration to be given to the offices of President / Vice President of Associations / Vice President of Schools / Secretary / Treasurer.

Melbourne: 27th Oct 07 – The Process Starts

- # **Welcome address from host**
- # Belinda welcomed us all and explained why CCH decided to withdraw its offer.
 - Concerns had been raised
 - National model was too complicated and not workable.
 - Fear that those on the Executive would control the profession.
- # **CCH**
 - Modified HAQ state model
 - Presented by Jim Pocock at the Brisbane meeting
 - More workable than a national model.
 - Regional model, power stays with the states
 - National committee adopts a representation role.

■ Presentation from Lyndall Briggs (ASCH)

- ASCH are withdrawing from this peak body
- Working with ACA to form
 - *Australian Counselling Association College of Hypnotherapy (ACACH)*
- Lyndall provided a handout outlining reasons

■ Presentation from Tracie O'Keefe (Independent)

- importance of
 - Publicly declared, minimum, uniform standards
 - In accordance with AQTF and mental health standards
 - Ongoing education and supervision
 - Continuing professional development

Presentation from Maya Lak (AHA)

■ Main Issues

- The Federation/Umbrella Group
- How will the Group work
- The Type of Organisation Proposed
- The Proposed Organisational Structure
- How to Fund the Group
- What is the Next Step?

Presentation from Leon Cowen (AAH)

■ Main Issues

- What will happen if we don't ...
- Risk quasi regulation by outside sources
- Many voices little cohesion
- An audit of the profession
- Backing up each claim you make
- Peak Bodies - Assoc & Schools
- Why Separate Peak Bodies?

Presentation from Terry Suckling (AAChP)

Main Issues

- Inclusive.
- Represent everybody in the profession
 - No matter what school
 - No matter what qualifications
- Self-regulation by clinical Hypnotherapists - not others
- National register needs to be defined
- Suggested name - Australian National Hypnotherapy Council. Federation implies representing states. Council implies self-regulation.

Morning's Speakers Panel Debate

Main Issues

- # Governments prefer to talk to paid staff and see a “real” address.
- # As soon as we are able, we need to have an employed administrator.
- # Everyone needs to feel involved in discussions and be heard.
- # Peak body cannot make decisions – subcommittees must be involved
- # State Government legislation can vary between states
 - Represented at a state level & states work together to form national standards.
 - National standards will still allow us to have our own identity
 - Bring up those not yet at those standards
- # National peak body and state/regional bodies
- # Health fund rebates are important
- # COAG will require
 - National register, national standards and best practice.
- # United Kingdom where two bodies claim peak body status.
- # National training package in other natural therapies

Presentation from Rick Collingwood on behalf of Margaret Kelly (HAQ)

Main Issues

Success requires associations and schools to work together

- For the good of the profession.
- Organisations fear someone 'telling' them what to do.
- This way all organisations retain their autonomy.

National Executive reflection of the states across Australia via

- State representatives.
 - Each State representative body supplies 2 delegates to National.
 - State representatives speak for their state, not for themselves, nor their originating organisations.

National Executive speaks for the profession

- Executive members selected for ability to dealing with the bigger issues

Practitioners are on a state register

- Part of the national website.

Focusing on the commonalities between organisations

- Fair and reasonable standards to be built across Australia

Presentation from Richard Porter (AHS)

Main Issues

- We are putting the cart before the horse.
- Identified two possible models – national and state
- We need to:
 - Choose a model
 - Work on the Constitution
 - Plan the first AGM
 - Committee works on standards, education etc.
- Where do you fit if you are a practicing Hypnotherapist *and* run a school.
 - Will you be excluded?
- Consensus decision making model
- 75% of people to agree
- Foundations must be set up well

Presentation from Judith Bowler (ACH)

- # Main Issues
- # Australian Qualifications Framework (AQF)
 - implications for the professional training
 - recognition by the government and the public
- # Registration to achieve professional credibility
- # Consistent minimum standard of education
- # Who is “qualified”
 - Department of Health and Aging
 - up to the various professional associations.
 - Health funds may not agree
- # Health Training Package
 - in the future will incorporate hypnotherapy.
- # Recognition of Prior Learning
 - skilled and experienced hypnotherapists

Presentation from Les Bullock (Independent)

- # Main Issues
- # History of legislation involving hypnotherapy.
- # Restricted legislation
 - Introduced in Victoria - 1960's
 - Spread around Australia
 - Except to NSW.
- # No evidence of harm
 - After almost 60 years of practice in NSW
- # We need to stand up and say
 - “What we are doing is working”

Presentation from Alan Stubenrauch (CCH)

Main Issues

- Reviewing our Purpose
 - Develop a realistic & workable model which:
 - Preserves Association autonomy
 - Creates Professional Unity
 - Presents a unified voice to government
 - Propagates and protects our science & profession
 - CCH presented a Region-Based Model

Summary

- Unity **MUST** be achieved
- Any model that is adopted will have issues to be resolved
- We need to agree upon a model and **MAKE IT WORK**

Presentation from Rick Collingwood (WAHA)

■ Main Issues

- Importance of achieving unity
 - For the good of our profession.
 - We now have to move forward.
- Training standards set by training schools.

■ If no consensus reached by tomorrow night,

- Rick will continue on his own

Presentation from Chris Visman

- # Main Issues
- # difficult to get an additional layer of volunteers to enable a region based model to work.
- # While we do not necessarily need an equal number of representatives from each state, we need to ensure the expertise is there.
- # We do not want to end up with a situation where it is state versus state.
- # Associations should still be responsible for their members, take care of complaints etc.

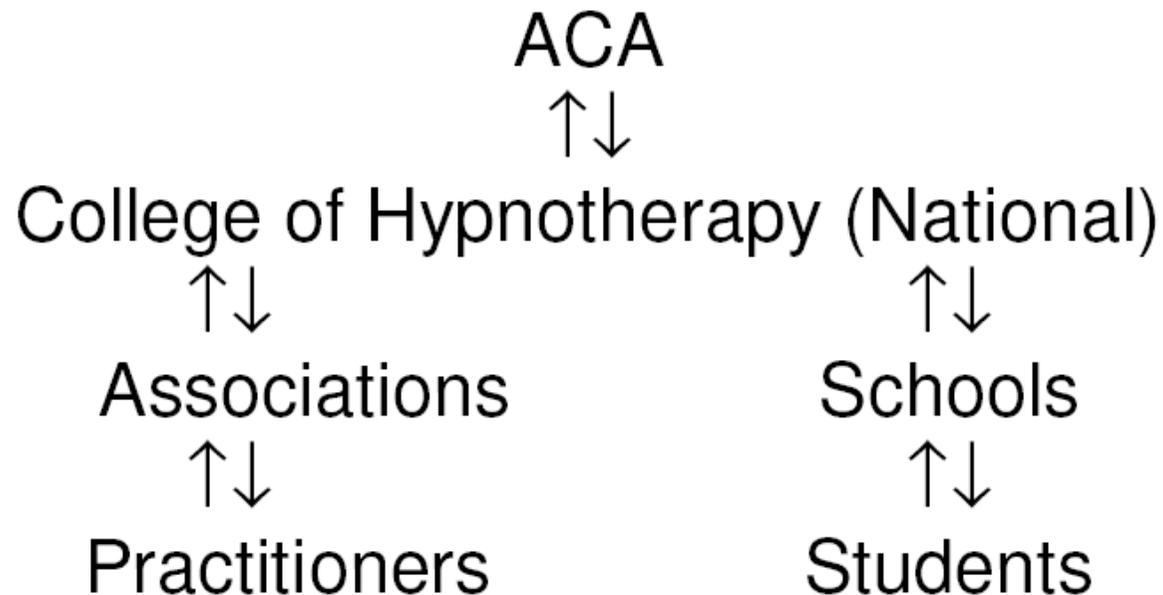
Afternoon's Speakers Panel Debate

Main Issues

- Pathways that could see our studies move into university
- While any model could be made to work, having one body without state representation will be difficult as there are various state laws.
- With a state/regional model, representatives are there for their region, not to represent their particular association.
- In Queensland and Victoria, a regional model is already working, however, this model seems unlikely to work in NSW.
- There would be one registration fee for the practitioner to pay. We would need to decide what percentage goes to the regional and national bodies.
- Having a regional body frees up the national committee to take care of the bigger picture, without worrying about CPE, supervision etc.
- Getting the structure right now, means this model will be in place for generations to come.

Models Presented

ACA MODEL (as presented by ASCH)



ACA MODEL

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>Larger political influence</p> <p>Already established</p> <p>Inexpensive</p> <p>Existing resources</p> <p>Others doing the work</p> <p>Existing infrastructure</p> <p>Easily formed</p>	<p>Others doing the work</p> <p>Hypno demoted to 2nd</p> <p>Hypno issues diluted in ACA's bigger picture</p> <p>Logistics of communication & true representation</p> <p>Possible loss of key man</p> <p>Confusion in the name</p> <p>Government sees hypnos as counsellors</p> <p>Not a Hypno umbrella</p> <p>Fee structure alignment</p> <p>Shown as incapable of looking after our own profession</p> <p>May be obliged to take on further study</p>	<p>To do something now</p> <p>Schools can develop new courses</p> <p>Increased takeup of Hypno by counsellors</p> <p>Credibility as a profession</p>	<p>Inequality in representation</p> <p>Losing control of our profession</p> <p>Government sees hypnos as counsellors</p> <p>Other professions lobby that Hypno is a secondary modality</p> <p>We become accountable to the counsellors</p> <p>We lose our identity</p> <p>Increased takeup of Hypno by counsellors</p> <p>Shown as incapable of looking after our own profession</p> <p>May be obliged to take on further study</p> <p>Loss of Credibility as a profession</p>

Models Presented (cont)

NATIONAL MODEL



NATIONAL MODEL

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<p>Simpler structure</p> <p>More direct communication</p> <p>Truly national</p> <p>In line with federal policies & regulations</p> <p>Speaking with one voice to peers & govt</p> <p>Liaise with appropriate bodies</p> <p>Stronger lobby</p> <p>Respects diffs & focuses on common goals</p> <p>Every organisation is represented</p> <p>Every organisation has opportunity for expression - diversity</p> <p>Feeling of being heard</p> <p>Unified nat. standards</p> <p>Squabbling has less impact</p> <p>Single audit office</p>	<p>Harder because of rivalries</p> <p>Logistics of communication</p> <p>Discounts past work and present achievements in established regions</p> <p>Disempowers regional government liaison</p> <p>Regional issues lost in the bigger picture</p> <p>Decision making process can become extended</p> <p>Cumbersome size of national council board</p> <p>Inclusiveness is more difficult esp. for smaller associations</p> <p>Financially draining</p> <p>Slower decision making</p> <p>Finding politically astute leadership</p>	<p>Makes a true show of strength, commitment and professionalism</p> <p>Stronger lobby</p> <p>Every organisation has opportunity for expression - diversity</p> <p>Cohesion between regional & national</p> <p>Direct link to associations with no regional body between</p> <p>Cross region networking</p> <p>Finding politically astute leadership</p>	<p>Squabbling</p> <p>Potential for NSW domination</p> <p>Loss of cohesion between regional & national</p> <p>May take longer to build</p> <p>What happens to existing regional bodies</p> <p>May precipitate more associations</p> <p>Length of time taken and shortcomings in means of communication</p> <p>Chinese whispers</p> <p>Slower decision making</p>

Models Presented (cont)

STATE/REGIONAL MODEL



REGIONAL MODEL

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
Respects existing orgs	More complex	Quicker	Squabbling
Overcomes difficulties in unification	More expensive admin	Individual practitioner has more opportunity & access to resources	Govt does not see us as a unified profession
NC focus on big picture	Divisive rivalry	Allows to develop unity more quickly	Potential for imbalance in representation between Schools and Assocs.
Easier to establish	More demanding on the work of the few	Greater rapport with regional govts.	Disunity precipitating breakdown in a region
Addresses local issues	Lack of volunteers	Good for small assocs	Imbalance of regional needs at national level
Cheaper communication	Slower	Two bodies - regional and national - to liaise with govt	Threat to philosophical individuality
Clarity of roles	Clarity of roles		Two bodies - regional and national - to liaise with govt
Promoting better communication	Caught up in local issues		Problems with regional diversity
Forces conciliation	Additional membership costs		
Decentralises power	Disunity precipitating breakdown in a region		
Individual practitioner has more opportunity & access to resources	Imbalance of regional needs at national level		
Govt influenced by larger lobby group	Govt influenced by larger lobby group		
Streamlined workload	Finding politically astute leadership		
Greater rapport with regional govts.			
Supports regional diversity			

Models Presented (cont)

A HYBRID Model for Unity



Council of Clinical Hypnotherapists Australia

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Presentation by John Vernes

Main Issues

- presented a diagram (unavailable) which showed
 - Umbrella group at the top level
 - regional level up for debate
 - There appears to be unanimous agreement about three levels
 - individuals
 - Associations
 - Schools
- The importance of communication and cohesion
- Setting up standards
- Having a paid employee and fixed address at the national level
- Providing even representation.

Vote to Choose Model

- A show of hands was conducted
 - 21 people supported the “hybridmodel”.
 - Two abstained from voting
 - Chris Visman (as Chairman) did not vote.
 - Margaret Kelly (by phone) was in support of the hybrid model.

Working Party

- # A working party needs to be established
 - No power to make decisions on behalf of our profession
 - Will guide up until the time we are ready to elect a national committee.
 - Confirm email addresses of everyone currently involved and add anyone we know who is not currently on the list.
 - Ensure this list is always up-to-date.
 - Membership classification and criteria need to be established.
 - Standards and best practice need to be established.
 - Where will the home of this new group be?
 - The business name will be registered Australia wide.
 - Domain names will be registered for .com, .com.au, and .org.
 - Provide ongoing progress reports of each meeting they have.

Associations and Schools

- # Animosity that towards training schools
 - Seen as profit making
 - Associations are not. A brief
- # Discussion
- # No animosity towards training schools.

Financing the working party

■ Main Issues

- Associations could volunteer \$x to get started.
- Initial communication will be via email so costs should be minimal.

Naming of the Umbrella Group

- # The following suggestions were received:
 - Australian Hypnotherapist National Register (AHNR)
 - Australian Hypnotherapy Board - can we call ourselves a board?
 - Australian Hypnotherapy Council (AHC)
 - Australian National Hypnotherapy Council (ANHC)
 - Clinical Hypnotherapist National Register (CHNR)
 - Council of Australian Hypnotherapists (CAH)
 - Council of Hypnotherapy Australia (CHA)
 - Federation of Australian Hypnotherapy (FAH)
 - Hypnotherapy Association of Australia (HAA)
 - Hypnotherapy Australia - this name is already owned by Tracie
 - Hypnotherapy Council of Australia (HCA)
 - Hypnotherapy Federation of Australia (HFA)

Name Selected

- ✦ Those present at the meeting each selected their preferred three of the following six names, and a show of hands took place to count preferences:

✦ PROPOSED NAME	NUMBER	WHO CHOSE IT
✦ Australian Hypnotherapy Council		(AHC) 16
✦ Council of Australian Hypnotherapy		(CAH) 9
✦ Council of Hypnotherapy Australia		(CHA) 11
✦ Federation of Australian Hypnotherapy		(FAH) 8
✦ Hypnotherapy Council of Australia		(HCA) 19
✦ Hypnotherapy Federation of Australia		(HFA) 5
✦ Preferred was: <i>Hypnotherapy Council of Australia (HCA)</i> .		
■ working title and can be changed later if need be.		
✦ We chose Hypnotherapy over Hypnotherapists as it is more inclusive.		
✦ Tracie owns the domain name www.hypnotherapyregister.com.au		
■ offered this website to the group.		

Working Group Volunteers

- # Alan (Vic)
- # Alfred (Vic)
- # Belinda (Vic)
- # HAQ will put forward a representative (QLD)
- # Judith (NSW - school)
- # Leon (NSW - school)
- # Lydia (NSW)
- # Maya (NSW)
- # Susy (QLD)
- # Tracie (NSW)
- # Anyone else who wishes to volunteer, will be welcome.

Recommendations put forward by this Umbrella Group Meeting

- # Recommended a model for unity.
 - 21 supported
- # Hypnotherapy Council of Australia is the suggested name.
- # Working group to be formed by volunteers.
 - Call for extra volunteers.
- # Register business and domain names.
- # Need to update the mailing list.
- # Open a bank account.
- # Working group to report back in appropriate time.
- # Set up a Google forum (password protected) to keep all informed and involved.
- # Co-operation throughout this meeting was positive, proactive and inclusive.

Melbourne Meeting Close

- # Thanks to
 - Chairman - Chris Visman
 - The Minutes scribe
 - The facilitators
 - The Organisers of the Melbourne meeting.
- # Meeting closed at 3:50pm.
- # Working party then met to begin their plan of attack.

Working Group over 3 years

■ In alphabetical order (by first name)

- Alan Stubenrauch
- Alfred Podhorodecki
- Belinda Hulstrom
- Chris Davis
- James Pocock
- Judith Bowler
- Leon Cowen
- Lydia Deukmedjian
- Margaret Kelly
- Maya Lak
- Susy Hall
- Stuart Walter
- Tracie O'Keefe

Current Working Group

In alphabetical order (by first name)

- Belinda Hulstrom
- Chris Davis
- Gary Johnston
- James Pocock
- Leon Cowen
- Lydia Deukmedjian
- Margaret Kelly
- Maya Lak
- Susy Hall
- Stuart Walter